UNITED
NATIONS

CRC

Convention on the
Rights of the Child

Distr.
GENERAL

CRC/C/SR.93
4 November 1994

ENGLISH
Original: FRENCH

COMMITTEE ON THE RIGHTS OF THE CHILD

Fourth session

SUMMARY RECORD OF THE 93rd MEETING

Held at the Palais des Nations, Geneva,
on Friday, 1 October 1993, at 10 a.m.

Chairperson: Mr. HAMMARBERG

CONTENTS

Consideration of report submitted by States parties under article 44 of the Convention (continued)

Report of Costa Rica (continued)

This record is subject to correction.

Corrections should be submitted in one of the working languages. They should be set forth in a memorandum and also incorporated in a copy of the record. They should be sent within one week of the date of this document to the Official Records Editing Section, room E.4108, Palais des Nations, Geneva.

Any corrections to the records of the meetings of the Committee at this session will be consolidated in a single corrigendum, to be issued shortly after the end of the session.

GE.93-18701 (E)

The meeting was called to order at 10.10 a.m.

CONSIDERATION OF REPORTS SUBMITTED BY STATES PARTIES UNDER ARTICLE 44 OF THE CONVENTION (agenda item 8) (continued)

Report of Costa Rica (CRC/C/3/Add.8) (continued)

1. The CHAIRPERSON asked the delegation of Costa Rica to provide additional information on the questions discussed on the previous day concerning adoption procedures (question 7 in the "Family environment and alternative care" section of the list of issues) (CRC/C/4/WP.5).

2. Mr. RODRIGUEZ ALPIZAR (Costa Rica), replying to Mrs. Santos Pais, described the requirements for inter-country adoption, which included in particular a social and psychological study of a family wishing to adopt a child. It was for the National Children's Trust (PANI) to analyse the study and inform the child. In order to be adopted, children must be over four years of age and must not be separated from their brothers and sisters.

3. Replying to Mrs. Eufemio, he said that the couple must spend at least five weeks with the child in Costa Rica. After that, the parents went back to their country and returned to Costa Rica one month later, and at the conclusion of the social and psychological study and the necessary formalities, again lived with the child for two months. Following adoption, the Costa Rican consuls monitored the child's progress abroad.

4. In order to prevent any illegal removals, when crossing the border the persons accompanying a child had to produce a certificate issued by the National Children's Trust, signed by the father or mother, the child's birth certificate and a certificate stamped by a lawyer. Those requirements applied to all children, whether adopted or not.

5. Mrs. EUFEMIO asked what happened to the child's nationality if the adoption failed.

6. Mrs. SARDENBERG, referring to paragraph 81 of the report, concerning adolescent and single mothers who had the choice of keeping their children or giving them up for adoption, asked whether other possibilities were available to them, such as placing their child in a home. She also asked which countries adopted the most Costa Rican children.

7. Mr. RHENAN SEGURA (Costa Rica), replying to Mrs. Eufemio, said that national adoptions were given priority over inter-country adoptions. If the adoption failed, the consul or ambassador in the city closest to the adoptive parents' home contacted them to find the best solution for the child. Either the child returned to Costa Rica, in which case the consul or ambassador drew up a notarized deed and sent it to the National Children's Trust, which analysed the situation, or it was adopted by other parents living in the same country as the first adoptive parents. No inter-country adoption had failed to date. Whatever happened, the child kept Costa Rican nationality, since Costa Rica applied the jus solis rule.

8. Replying to Mrs. Sardenberg, he said that although over half of the heads of families in Costa Rica were single mothers, children were rarely abandoned. In rural areas most single mothers lived with their parents. In urban areas, where such women could work more easily, there were more single mothers who were heads of families. He added that Costa Rica had public day care centres, set up by community development organizations, in most of the villages and towns; they were largely financed by the inhabitants, with assistance from the National Children's Trust and from child protection agencies. Finally, the great majority of Costa Rican children were adopted in the United States.

9. Mr. MOMBESHORA asked how long the Costa Rican authorities continued to monitor the progress of children adopted abroad.

10. Mr. RHENAN SEGURA (Costa Rica) said that the Costa Rican consul or embassy monitored children for three years after the adoption.

11. Replying to a question by Mr. Kolosov on alcoholism and its consequences for children, he said that alcoholism was a difficult problem to control in Costa Rica, Latin America and throughout the world. The World Health Organization had made an appeal to all countries against alcoholism at its World Health Assembly in Geneva in May 1993. Alcohol was a soft drug, and the legislation was also soft. Bar owners looked the other way if adolescents drank alcohol in their establishments; they sometimes paid a small fine. Despite regular inspections by the guardia rural, abuses persisted; in his view such bars should be closed if there were violations and their owners should be treated more severely. Costa Rica was a democratic society, and unfortunately the alcohol manufacturers were a lobby.

12. Replying to another question asked by Mr. Kolosov at the previous meeting, concerning houses of prostitution in San José as reported in "La Nacion", one of the most important newspapers in Costa Rica, he said that he could not comment in view of the fact that that newspaper was not an official source. The Ministries of Justice and Health, which were in charge respectively of the prisons and the medical inspection of men and women who practised prostitution, did not yet have statistics on the subject. However, in his view the level of prostitution in Costa Rica was not as alarming as that journal implied, and from that point of view, San José was not Bangkok or Manila.

13. Mr. KOLOSOV said that he and Mr. Mombeshora had been to Thailand, and the prostitution they had seen there was horrible. Horror was not a statistic, and in his view measures should be taken, even if there were only a single place in Costa Rica where minors - boys or girls - were sexually exploited. He would like more information on the measures taken by the Government to combat alcoholism and prostitution. How did parents react when they saw their children drinking or their daughter working in a house of prostitution?

14. Mr. RHENAN SEGURA (Costa Rica) said that he, too, considered prostitution to be the worst degradation and alienation that a human being could experience. The Ministries of Justice and Health had established programmes to combat prostitution, but although they were not abandoning the struggle, it was difficult to control "the world's oldest profession". Since child prostitution was not among the list of issues sent to the Costa Rican

Government, he could not provide specific data on the subject. With regard to alcoholism, there was a national alcoholism institute in Costa Rica which had been working in that field for over 50 years. Finally, he could only imagine what parents might think of their children's misbehaviour - or the children's own reaction when they saw their parents drinking.

15. Miss MASON, returning to the sexual exploitation of children, emphasized how atrocious it was. Despite the programmes existing in Costa Rica, sexual exploitation remained a serious problem. She would like to know what was responsible for the high number of adolescent mothers and the frequency of cases of sexual abuse. Was that due to traditional practices, or to the fact that 93 per cent of Costa Ricans were Catholic and baulked at the idea of family planning?

16. Mrs. EUFEMIO asked whether the Costa Rican Government took the problems of prostitution and alcoholism into account in the framework of the training programmes intended for parents.

17. Mgr. BAMBAREN GASTELUMENDI asked the reason for the large numbers of cases of incest and prostitution. The reports of other countries indicated that one of the main causes of prostitution was the fact that adolescent mothers practised it in order to be able to raise their children. According to one foundation for adolescent mothers, 90 per cent of child mothers, whose age averaged 13 years, had become pregnant as the result of incest. Were there centres that took in such adolescent mothers, 38 per cent of whom preferred to have an abortion? In his view such problems were due to a lack of sexual education and an inadequate family environment. He also pointed out that 13 per cent of children were reportedly abandoned. Those problems reflected a marginalization of women in the society.

18. Replying to Miss Mason, Mr. RHENAN SEGURA (Costa Rica) said that the question of prostitution and sexual violence was exacerbated in Costa Rican society, which was an "open society". That issue was as serious as in certain wealthy European countries. He acknowledged that the Church played a crucial role in Costa Rica, but other cultural factors might also be put forward. Since the appearance of AIDS, sexual education campaigns were being conducted throughout the country. However, it was very difficult to zero in on the phenomenon of sexual violence, which involved anthropological, philosophical and sociological aspects.

19. In 1992 the Ministry of Health had conducted a study of 3,281 women between ages 15 and 49. According to that study, 44.9 per cent of the women under 20 years of age had not had sexual relations. Of the women of that age who had had children, 29.1 per cent had had their first pregnancy, 67.3 per cent had had two to three pregnancies and 3.6 per cent four or more. In the same age group, women who had never gone to school had had an average of 3.6 children, as against 1.9 for those who had attended school. A sexual education programme was being conducted throughout the country. The rate of use of contraceptive methods was 54.6 per cent, of which 68.2 per cent represented modern methods and 31.8 per cent traditional ones. The most widely-used contraceptive methods were hormonal methods (30.2 per cent), surgical methods (15.7 per cent), intra-uterine devices (12.8 per cent), condoms (8.9 per cent) and natural methods (7.5 per cent). Among pregnant

women, 92.8 per cent received prenatal care, but only 48.5 per cent went to the doctor during the first three months of their pregnancy.

20. Mr. RODRIGUEZ ALPIZAR (Costa Rica) explained in detail the statistical tables on the reproductive lives of women by age group. The tables were available to the members of the Committee.

21. Mr. RHENAN SEGURA (Costa Rica) said that he hoped those statistics would dispel the concerns expressed by Mgr. Bambaren Gastelumendi and Miss Mason. He also wished to make it clear that abortions were prohibited in Costa Rica.

22. The CHAIRPERSON invited the Costa Rican delegation to reply to questions 1 to 7 of the "Basic health and welfare" section of the list of issues (CRC/C/4/WP.5), which related to chapter VII of the initial report of Costa Rica (CRC/C/3/Add.8):

Basic health and welfare
(Arts. 6 para. 2, 23, 24, 26, 18 para. 3, 27 paras. 1-3 of the Convention)

1. What proportion of the budget is allocated to health care and to what extent is the health budget oriented towards children? Please comment on the balance between curative and preventive health programmes.

2. Please provide (statistical where available) information on child and mother health, family planning and HIV and other major illnesses.

3. Please indicate any difficulties encountered in addressing the priority needs for improving the health of children (para. 242 of the report).

4. Please indicate what further measures, if any, are being taken to evaluate the situation of disabled children (para. 238 of the report).

5. Please provide more information on the social security system and the Social Development and Family Allowances Funds and how they function for the benefit of children (para. 205 of the report).

6. As para. 232 of the report indicates that pregnancy and abortions are problems among teenagers, please provide information on the steps taken by the authorities to tackle these issues.

7. Please provide information on any developments as regards the preparation of a national school health programme (para. 293 of the report).

23. In reply to question 1, Mr. RHENAN SEGURA (Costa Rica) said that in 1991 health expenditure had represented 7.8 per cent of GDP. The portion of GDP allocated to the various health sector agencies had been distributed in the following way: 0.8 per cent for the Ministry of Health, 6.2 per cent for the Costa Rican Social Security Fund (CCSS), 0.5 per cent for the Costa Rican Water and Refuse Disposal Service (ICAA) and 0.2 per cent for the Costa Rican Insurance Institute (INS) and the municipalities. Because of the structure of

the budget, it was not possible to determine the amount of expenditure allocated to children. However, the Ministry of Health aimed its efforts at protection of mothers and children. In 1987, 34.8 per cent of all medical consultations had related to young people under 19 years of age, and 30.9 per cent of persons hospitalized had been in that age group. He also pointed out that there was one paediatric hospital in Costa Rica.

24. Turning to question 2, he said that infant mortality had significantly decreased beginning in 1970, dropping from 68.2 to 20.4 per 1,000 live births in 1980. The reasons for that decrease had been the establishment of the first national health plan (1971) and the adoption of the Public Hospitals and Social Security Act (1970). That decrease had levelled off during the decade 1980-1990; the mortality rate had risen to 25 per cent. In 1991, infant mortality had dropped by 9.15 per cent in comparison with 1990. The neonatal mortality rate for 1991 had been 8.63 per thousand, whereas the residual mortality rate had been 5.3 per thousand. In 1991, deaths of children under one year of age had been attributable primarily to perinatal infections, congenital abnormalities, respiratory diseases and infectious and parasitic diseases. Mortality from infectious and parasitic diseases, which had represented 5 per cent of all children's diseases in 1991, had been decreasing since 1980, thanks to the decrease in diarrhoeal diseases. Nevertheless, mortality from respiratory diseases had represented 10.8 per cent of diseases of children under one year of age during the same period. Deaths due to peri-natal infections had also begun to decrease in 1988. Mortality due to congenital abnormalities had stabilized beginning in 1980. Despite the significant decrease in infant mortality in Costa Rica, there were still very great disparities between the different regions. Finally, he analysed the mortality statistics for the age groups 0 to 4 years, 5 to 14 years and 15 to 19 years.

25. Turning to the problem of AIDS, he said that Aids had been chiefly sexually transmitted since 1985, with more and more heterosexuals being affected (from 5 per cent of all persons incurring AIDS in 1989 to 11 per cent in 1991). In addition, 2 per cent of the victims had been infected intravenously. The male/female ratio was 12 : 1. It was estimated that 5,000 to 10,000 people had been infected by HIV in the country in 1992. In 1992, 177 new seropositive cases had been identified, distributed as follows: 56 per cent homosexuals, 20 per cent bisexuals, 13 per cent heterosexuals, 3 per cent haemophiliacs, 1 per cent infected intravenously and 8 per cent due to ill-defined causes.

26. Regarding question 3, he said that the health sector now had less budgetary resources available; this was bringing about a change in the country's epidemiological profile. The principal difficulties encountered by the health sector included the decrease in social protection coverage, the lack of a comprehensive programme for the protection of children, the lack of intra- and intersectorial coordination, planning essentially based on demand, limited social participation, etc.

27. Replying to question 4, he said that Costa Rica was not in a position to identify precisely the number of disabled children, since there had not been a recent population census, but that according to a WHO study that figure should be approximately 10 per cent. In 1992 a Commission had been established for

ensuring that disabled minors and adolescents received comprehensive care and that the disabilities of which were widespread in Costa Rica were identified. Measures were also being taken to establish a national register of disabled persons.

28. Turning to question 5, he said that the Costa Rican Social Security Fund (CCSS) had been established to implement the compulsory insurance system in accordance with the legislation in force. The fund was primarily concerned with health care, social benefits and cash benefits (old-age pension scheme, pensions administration, etc.). In principle, all Costa Ricans were covered, but only 83.7 per cent of the population were members of the scheme in 1990 - in other words, 16 per cent of the population had not been covered. A Social Development and Family Allowances Fund had been established for the implementation of the programmes on economic and social development, education, labour, protection of children, etc. He reviewed the programme's main objectives and the priorities and sources of finance of the Fund.

29. Regarding question 6, he said that a national programme for the full protection of Costa Rican adolescents had been established in 1989 to provide health care for adolescents. The programme focused on adolescent sexuality and reproduction and the proper development of their biopsychosocial functions; it also sought to protect and assist young women who had been the victims of incest and sexual abuse.

30. Replying to question 7, he said that a branch had been established in the Ministry of Health to conduct promotion and prevention activities for the health of school children. In 1969 a handbook of health rules had been published, which included rules for schoolchildren. Specific rules for schoolchildren 7 to 14 years of age had been in existence since 1982 and had been revised in 1989. Activities focused on health care, the education of schoolchildren and hygiene at school. They included the following aspects: diagnoses; consultations; dental, eye and ear-nose-and-throat examinations; laboratory analyses; detection of mental disturbances; vaccinations, etc.

31. The CHAIRPERSON thanked the Costa Rican delegation for its clear replies to the questions on the list of issues to be examined in connection with Costa Rica's initial report (CRC/4/WP.5) and invited the members of the Committee to ask questions on the first three questions of the "Basic health and welfare" section.

32. Mr. MOMBESHORA congratulated the Costa Rican Government on attaching such high priority to health. He noted that the infant mortality statistics did not make it possible to determine the exact causes of neonatal mortality, which in his view it might be possible to eliminate. The statistics also did not indicate whether women gave birth in hospitals. Concerning family planning and adolescent pregnancies, he said that practically-organized programmes should help reduce the high number of pregnancies among adolescent girls. He agreed that Costa Rican society was an "open society", but did not think it was possible to compare it with certain European countries. All those questions were linked to different cultural and religious contexts. He also wondered whether the fact that abortion was prohibited in Costa Rica did not create extra risks for mothers who had illegal abortions.

33. Mr. RODRIGUEZ ALPIZAR (Costa Rica) said that the perinatal mortality rate in 1991 had been 12.1 per 1,000 births and the neonatal mortality rate 8.6 per 1,000 births. Most deliveries took place in hospitals or private clinics: as the statistics showed, 92 per cent of children were born in a hospital environment. Pregnant adolescents were cared for free of charge; unfortunately, some did not receive care because they concealed their pregnancies. Finally, Costa Rican legislation prohibited abortions, but they were performed when the mother's life was at risk.

34. Mr. KOLOSOV said he would like to know what difficulties might possibly lead to failure to attain the objectives for 1994 given in annex II to the report of Costa Rica. There also appeared to be a contradiction between paragraph 190 of the report and objective 13 in annex II, according to which only 13 per cent of children from one to six years of age had been treated in a hospital environment.

35. Mrs. EUFEMIO recalled that the Costa Rican delegation had described the difficulties encountered in assessing the situation of disabled children. Would it not be possible to involve the communities in those assessments and in the rehabilitation of disabled children? Similarly, early detection should be part of those assessment processes.

36. Miss MASON noted that the report of Costa Rica, as well as the Costa Rican replies to the Committee's questions on health, focused basically on physical health. She therefore asked how the problem of children's mental health was approached, especially given the frequency of cases of incest, early pregnancies and abortions. Were there early detection procedures for the psychological disorders which might result from those problems? What treatments were provided? In cases of placement, was the right to periodic review of the placement respected, in accordance with article 25 of the Convention?

37. Mr. MOMBESHORA asked what role was played by the community in the nutritional programmes developed by the Costa Rican Government. In addition, it had been stated that maternal milk banks would be intended for women who could not breast-feed their children, until the child reached the age of four months; in his view breast-feeding should be promoted up to the age of 12 months.

38. Mr. RODRIGUEZ ALPIZAR (Costa Rica), replying to a question by Mr. Kolosov, said that there was obviously a typographical error in objective 13 in annex II. It was very difficult to determine whether Costa Rica would be able to achieve all the objectives set for 1994. The country had had to take very severe structural adjustment measures, as a result of which significant cuts had been made in the budgets planned for most of the programmes, and it would not be known with certainty whether the objectives had been achieved until 1995.

39. Mr. RHENAN SEGURA (Costa Rica) said that the programmes for disabled children were recent programmes, for which reason there was a grave lack of statistics and information. That was why Costa Rica referred to WHO, which

reported 10 per cent of disabled children. It should also be noted that there were programmes designed to involve communities in activities relating to disabled children.

40. Replying to Miss Mason's question, he said that 6.7 per cent of children in hospitals were there for mental health reasons. In addition, 2.8 per cent of the total number of children in the country were being treated for mental disturbances. Since those figures were very low, some cases were quite probably being concealed. That was the case, in particular, for cases connected with incest, rape or early pregnancies, which caused serious psychological problems but often remained concealed.

41. Mr. RODRIGUEZ ALPIZAR (Costa Rica) said that the maternal milk banks were intended primarily for working women. The current legislation in Costa Rica, provided pregnant women with the possibility of taking maternity leave for one or two months before the delivery and nursing leave for two or three months after the delivery, with the total not exceeding four months. Current economic conditions did not allow the Costa Rican authorities to grant longer maternity and nursing leaves. It was true that the maternal milk banks were currently intended for feeding children up to the age of four months; it was, however, intended to raise that age to six months and later to 12 months.

42. Mrs. EUFEMIO asked whether measures were planned for the rehabilitation of mentally or physically disabled children within their families.

43. Mrs. RHENAN SEGURA (Costa Rica) said that there was a national rehabilitation institute, which was in charge of rehabilitation programmes within families. Inspectors and social workers visited the families in order to recommend therapies and to monitor the physical and mental rehabilitation of disabled children. Finally, special schools existed for disabled children.

44. The CHAIRPERSON invited the Costa Rican delegation to reply to the questions in the "Special protection measures" section of document CRC/C/4/WP.5, which read:

Special protection measures

(a) Children in situations of emergency
(Arts. 22, 38 and 39 of the Convention)

1. To what extent is the Government's policy towards refugee and displaced children consistent with the principles of non-discrimination, the best interests of the child, the right to life, survival and development and respect for the views of the child?

2. What concrete measures have been taken for the implementation of article 39 of the Convention?

(b) Children in situations of exploitation
(Arts. 32, 33, 34, 35, 36 and 39 of the Convention)

3. Are there any regulations adopted to define the unhealthy, arduous or dangerous work to be prohibited for children under 18 years of age by virtue of article 87 of the Labour Code?

4. What are the criteria for granting permissions for exemption from the child labour prohibition under article 91 of the Labour Code? What is the latest number of permissions granted?

5. Please provide information on the measures taken or contemplated to ensure the effective enforcement of the legislation concerning child labour. Please also provide such statistical data as the number of infringements observed by inspectors and sanctions imposed.

(c) Children in minorities or indigenous groups
(Art. 30 of the Convention)

6. Please indicate what affirmative action is being taken to ensure that children belonging to minority or indigenous groups are not discriminated against in the enjoyment of their rights.

45. Mr. RHENAN SEGURA (Costa Rica) said that according to article 33 of the Costa Rican Constitution "All persons are equal before the law and there may be no discrimination contrary to human dignity". Therefore, refugees in Costa Rica were respected no matter what their age. In addition, in the framework of the implementation of article 39 of the Convention, there was a programme for street children in existence and the Minors' Code was currently being reviewed in the Assembly.

46. Regarding children in situations of exploitation, he said that article 87 of the Labour Code prohibited children from performing work that was unhealthy, arduous or dangerous for their physical or mental health. Exceptions to the prohibition against child labour were only granted in accordance with the conditions laid down in the Labour Code. In 1992, 58,449 exceptions had been authorized for minors. According to a national estimate, approximately 1,000 children from 7 to 17 years of age were working in the informal sector, i.e. on the streets; according to an ILO estimate, however, the number was approximately 2,000.

47. Minors were protected by article 55 of the Constitution, articles 87 to 91 and 93 of the Labour Code, ILO Conventions Nos. 16, 90, 138, 141 and 159 and the Convention on the Rights of the Child. The National Children's Trust issued work permits to minors where appropriate. The Ministry of Labour conducted inspections, and if it found any irregularity it referred the matter to the National Children's Trust, which referred the case to the courts as a last resort.

48. Concerning children in minorities or indigenous groups, he said that the Costa Rican Constitution respected the international instruments approved by the Legislative Assembly, condemned the principle of discrimination as contrary to human dignity and prohibited the subjection of any person to

degrading treatment. Health, housing and education programmes were conducted in the indigenous communities. In the school system, when children from an indigenous group made up the majority in a class, they were taught in their mother tongue; if not, Spanish was used, which did not in any way mean that there was discrimination.

49. Mr. MOMBESHORA asked how many refugees there were in Costa Rica and from which countries they came.

50. Mr. RHENAN SEGURA (Costa Rica) said that from 1979 to 1983, 200,000 people, mostly from Nicaragua and El Salvador, had taken refuge in Costa Rica, which had only 2.5 million inhabitants. Due to the improvement in the situation in the neighbouring countries, it had been possible to repatriate approximately 80 per cent of those refugees, which meant that there were only 60,000 or so refugees in Costa Rica at the current time.

51. Mrs. SANTOS PAIS said that, although Costa Rican society was peaceful and deeply committed to human rights values, that did not mean that it had been spared the serious problems caused by abandoned children, ill-treated children, the break-up of families, incest and the increase in violence in general. Recent reports indicated that the police had tortured the members of a group of juvenile delinquents ranging from 12 to 16 years of age. One of the children had even been killed. What measures was the Government planning, in particular in the area of training of law-enforcement personnel, or at the community and family level, to prevent such violence? She would also like the next report of Costa Rica to contain more information on article 40 and article 37, paragraphs (b), (c) and (d) of the Convention. She hoped that the new Minors' Code would reflect the provisions of those articles.

52. Mgr. BAMBAREN GASTELUMENDI associated himself with the views expressed by Mrs. Santos Pais and asked whether there were any programmes for the prevention of ill-treatment of children. He also asked what social, legal and health protections were provided for working children.

53. Miss MASON regretted that the report of Costa Rica contained no information on the administration of juvenile justice. She hoped that the next report would contain information on the functioning of the juvenile courts and on how social workers and parents were involved in the proceedings. Finally, she asked how the police participated in the prevention of juvenile delinquency.

54. Mrs. SARDENBERG asked why no studies had been undertaken to provide clear and specific information on the situation of children in rural areas, most of whom, according to paragraph 361 of the report, lived in poverty. It would be very important to have a reply to that question, since half the population of Costa Rica lived in the rural areas. She asked for information on the situation of indigenous and black children.

55. Mr. KOLOSOV asked why the number of offences committed by minors had suddenly increased in 1992, after having decreased from 1985 to 1991.

56. Mr. RHENAN SEGURA (Costa Rica), replying to Mrs. Santos Pais and to Miss Mason, said that the next report of Costa Rica would contain more

information on the juvenile courts and the training of law-enforcement personnel. Replying to Mrs. Santos Pais, he explained that the person killed during a clash with police had not been a child but a youth aged 19 years and 7 months. The youth had been a member of a gang of juvenile delinquents which attacked motorists. The Costa Rican Government was in any case deeply concerned at the phenomenon of street children, who had no protection and received no education. The ILO would shortly be publishing a report on Costa Rican children who worked; a chapter of that report would be devoted to street children.

57. Mr. RODRIGUEZ ALPIZAR (Costa Rica) said that the rural population represented 23 per cent of the total population of Costa Rica, and not 50 per cent as one expert had stated. Although it was true that no studies had been undertaken to determine clearly the situation of children in rural areas (see para. 361 of the report), he could state with certainty that there was no discrimination against indigenous and black children. Indigenous children numbered 19,000 and were distributed throughout the country. The Ministry of Health and the Ministry of Education had prepared programmes in their language, which were implemented in places where indigenous people were particularly numerous. There were 17,000 black people, and they had exactly the same rights as other Costa Ricans.

58. Mr. RHENAN SEGURA (Costa Rica) expressed regret that police errors like tne one mentioned by Mrs. Santos Pais still occurred and said that a police-force training programme was currently being conducted with cooperation from the Inter-American Institute of Human Rights. The latter had also prepared a pilot training project for the police forces, which would be conducted in all the countries of Central America. He was unfortunately not able to explain to Mr. Kolosov why juvenile delinquency had recently increased.

59. In reply to Mgr. Bambaren Gastelumendi, he said that children working officially, i.e. with a work permit, received full social protection as provided by the legislation. Obviously that was not the case for street children. Finally, he unfortunately did not have any information on the programmes for the prevention of ill-treatment of children.

60. The CHAIRPERSON invited the Costa Rican delegation to reply to the questions in the section "Education, leisure and cultural activities", which read:

Education, leisure and cultural activities
(Arts. 28, 29 and 31 of the Convention)

1. Please provide in writing statistical and other information disaggregated by gender and rural/urban areas on the level of school enrolment. What are the concrete measures to prevent drop-outs from school from engaging in employment activities and what are their result? What is being done to facilitate school attendance of children in remote areas?

2. Please provide further information on the measures taken to improve the quality of education and teaching and whether the Legislative Assembly has approved the sectoral education loans bills (para. 290 of the report).

3. Please indicate the extent of the coverage of teaching in schools of local and minority and indigenous languages (para. 259 of the report).

4. What concrete steps are taken to ensure implementation of article 28.2 for the protection of the child's dignity?

61. Mr. RHENAN SEGURA (Costa Rica) stated that a reply to the first part of question 1 was contained in annex II to the report.

62. Replying to question 2, he said that the Ministry of Public Education regularly evaluated programmes in order to adjust them to teaching needs. The sectoral educational loans bill mentioned in paragraph 290 of the report had indeed been adopted, but it only covered higher education.

63. A reply to question 3 had been provided during the discussion on minorities.

64. On question 4, he said that corporal punishment was strictly prohibited in Costa Rican teaching establishments.

65. The CHAIRPERSON asked for information on the school drop-out rate.

66. Mr. RODRIGUEZ ALPIZAR (Costa Rica) said that most school drop-outs occurred between the sixth and seventh grades, i.e. at the point of transition from primary to secondary education. Education was compulsory and free through the ninth grade. Dropping out of school occurred principally in rural areas, for many peasants still believed that children belonged in the fields and not in the classroom.

67. Mr. MALBOTRA (United Nations Educational, Scientific and Cultural Organization) asked what portion of the gross domestic product the national education budget represented.

68. Mr. RODRIGUEZ ALPIZAR (Costa Rica) replied that the national education budget had represented 13.8 per cent of the gross domestic product in 1989.

69. The CHAIRPERSON said that, according to a United Nations statistic, the portion of GDP devoted to education by Costa Rica had been 16 per cent in 1982. He invited the members of the Committee to make general observations at the conclusion of the dialogue with the Costa Rican delegation.

70. Mrs. BELEMBAOGO thanked Costa Rica for its initial report (CRC/C/3/Add.8), which had been submitted on time and was structured in accordance with the general guidelines. The document gave indications on the efforts made, difficulties encountered, and priority activities planned; it even contained some self-criticism. She thanked the delegation for the technical information it had provided to supplement the report.

71. However, she remained concerned at the contradictions between the different instruments containing provisions specifically for children. She hoped that the Government would take all the necessary steps to speed up the process of harmonizing the national legislation with the provisions of the Convention, the adoption of the new Minors' Code and the implementation of all the projects and measures under study.

72. She was also concerned at the repercussions of the economic adjustment programme on the social sector budget. That programme prevented the Government from meeting its commitments under the Convention properly. Even though the Government had already taken measures in that area, she hoped it would make a special effort to increase the budgets of the agencies working with the most vulnerable groups of the society, which should be better identified. She also hoped that the Costa Rican Government would give more detailed thought to the adoption of a strategy for monitoring the implementation of the provisions of the Labour Code that related to children. Such a strategy might be based on ongoing information and awareness-promoting efforts aimed at children, companies and employers. Measures should also be taken for families in particularly difficult situations to help them so to look after their children that they do not need to go to work from a very young age. Finally, she paid a tribute to the First Lady of the country, who had caused several measures to be adopted and launched activities and initiatives on behalf of children.

73. Mrs. SANTOS PAIS said she fully agreed with Mrs. Belembaogo's remarks concerning the positive aspects. She would focus her statement on the areas in which the Government might make an extra effort. First, the legislation had to be reformed in order for the Convention to be fully implemented at the national level. The different areas of legislation should be assessed in the light of the Convention to see whether standards were being upheld. Due account should be taken of the best interests of the child in labour legislation, for example with regard to minimum age and the granting of exceptions. The best interests of the child should also be the main criterion for adoption, especially at the international level. Since that was a new phenomenon, new laws might be necessary. In that area especially, the child's views should be given due consideration.

74. Extra effort might also be made to disseminate information and begin campaigns for promoting the Convention directed at communities and families, in particular children. NGOs might help in that area. It would also be necessary to provide better education on the role of parents in preventing violence, which was rather frequent within families, and avoid excessively early marriages and pregnancies.

75. There should be better coordination of the activities of public and private agencies, and an evaluation should be made to find out exactly who was doing what and how each agency's activities could be supplemented and strengthened. In that connection, all the necessary attention should be given to articles 3 and 4 of the Convention.

76. An emergency strategy should be considered to prevent juvenile delinquency, perhaps taking into account the Riyadh Rules, which encouraged the introduction of community and family activities and the strengthening of

special training programmes for law-enforcement personnel. In particular, it was unacceptable for torture to be used to extract confessions. In that context, attention should obviously be given to the situation of the most vulnerable children, i.e. abandoned and homeless children and street children.

77. Finally, the administration of juvenile justice should also be examined in the light of articles 37 and 40 of the Convention, in particular regarding the safeguards that should be available to all children caught up in the justice system - even those who were not found criminally responsible and were placed in re-education centres - and children in irregular situations.

78. Mrs. SARDENBERG associated herself with previous speakers' remarks concerning the positive aspects. Costa Rica was a democratic and stable country which was in a privileged political situation in comparison with other countries of the region. That made the responsibilities it should assume all the greater. Its situation enabled it to work very effectively for the promotion and protection of the rights of children and the full implementation of the Convention. The initial report of Costa Rica and the delegation's presentation of it reflected the Government's serious commitment and determination to improve the situation of children. The report provided a balanced discussion of the results obtained and the difficulties and obstacles encountered and of the areas in which the authorities should make additional efforts.

79. First, coordination among the various branches of the executive and among the executive, judicial and legislative branches should be improved.

80. Second, decentralization should be promoted and society at large involved in governmental activities, and regional and provincial committees should be set up rapidly to monitor the implementation of children's rights, so that efforts made at the highest levels filter down to the local levels with participation by local leaders and organizations.

81. Third, society at large should participate more effectively in awareness-promoting campaigns relating to discrimination based on sex. The initial report did not focus sufficiently on that issue. It did, however, admit that there was still much discriminatory behaviour towards women.

82. Fourth, appropriate measures should be taken in the framework of the programmes for combating ill-treatment and sexual abuse in the family. Emphasis should be placed on education and prevention and on physical and psychological rehabilitation and social reinsertion.

83. Finally, it was disturbing that no studies had been done on the difficulties encountered by children in rural areas, who included indigenous and black children, in order to determine more specific and effective approaches in that area.

84. Mr. KOLOSOV expressed appreciation for the initial report because of its analytical and self-critical nature, the good intentions in it and the important objectives it contained for the Costa Rican nation and Government. He was, however, disturbed at certain alarming trends that had appeared in recent years, and even since the preparation of the report. They included

sexual violence towards children, the increase in the number of children working, the increase in juvenile delinquency and the increase in acts of violence against minors - which had reached a rate of 30,000 a year. Moreover, although effective laws existed, they were not always applied because of poverty and the transitional phase in which the country found itself. And yet action was possible. For example, the report stated that the educational system lacked 5,000 qualified teachers: measures should be taken to remedy that problem. He also noted that only 25,000 copies of various documents on children's rights had been distributed. Appeals should be made to NGOs and even international cooperation to ensure that every primary school teacher received the text of the Convention. It was very important for everyone - beginning with the children themselves - to be familiar with the rights of the child.

85. However, the trends noted were not all bad; there were also some good ones. He hoped that Costa Rica's next report would show that significant progress had been achieved in implementing the Convention.

86. Mr. MOMBESHORA welcomed the very instructive information provided by the initial report (CRC/C/3/Add.3) and the delegation. It was reassuring to note that many measures had been taken and many activities begun in an effort to implement the Convention. However, he was concerned at the cuts made in social expenditure. Experience had shown that in such cases the education, health and social protection sectors were always the most seriously affected. It would be unfortunate if Costa Rica's achievements were to disappear in that way. He hoped that the social aspect would be taken into account in the structural adjustments.

87. The high number of national and inter-country adoptions and the fact that they were on the increase were also disturbing. Adoption should be considered as an exceptional measure. Inter-country adoptions were only followed up for the first two years. What happened after that, when the consequences of the adoption for the child began to emerge more clearly?

88. Excessively early pregnancies were also a disturbing phenomenon. The Costa Rican delegation had confirmed that they involved high risks for the mothers and the children as well. The report stated that the majority of admissions of adolescents to hospitals were due to pregnancies and to post-delivery complications. Considerable efforts should be made in that area. At the moment, that problem appeared to be slipping more and more out of control. According to the report, 60 per cent of 15 to 17-year-old girls had already had sexual relations. He hoped that the campaign being conducted by the authorities to remedy the situation would be successful.

89. He also believed that breast-feeding should be encouraged for the first 12 months of the child's life; four months was not sufficient. Even if the mothers went back to work after the first four months, they should be encouraged to continue breast-feeding whenever possible.

90. Miss MASON said that in her view Costa Rica had the necessary measures and programmes, but the human and financial means available to implement them were limited and coordination insufficient. The Government should also focus its efforts on seeking the underlying causes of society's problems. For

example, the high number of child victims of road accidents was disturbing. In addition, society in general seemed excessively concerned with sex. However, were the resulting problems, especially adolescent pregnancies, not linked to religion inasmuch as family planning principles were generally not accepted in countries where Catholicism played a leading role? With regard to abortion, could Costa Rica not adopt a law authorizing abortions in case of incest or rape?

91. She stressed once again the problem of mentally-ill children, which was easy to neglect, and that of disabled children. Such children tended to be marginalized.

92. The problem of children and alcohol was also a disturbing one. Methods of supervision should be strengthened in order to ensure that they could not easily gain access to drinking establishments.

93. Rather than abolish child labour, which did not appear to be very realistic, the measures for protecting children in certain sectors should be strengthened. There was a social security scheme in Costa Rica. Would it be possible to require employers to make contributions to the scheme in order to cover the children working for them? Finally, she regretted that, for lack of time, it had not been possible to discuss the administration of juvenile justice.

94. Mrs. EUFEMIO thanked the Costa Rican delegation for its discussion of the situation of children, the measures taken and the priorities set. She recognized that the preparation of indicators and statistics took time, especially in view of the lack of coordination among the various agencies collecting, analysing and following up statistics, which were distributed among different ministries. In the next report, indicators would be welcome for each of the priority activities listed in the various sections of the initial report, in particular early detection of handicaps, primary health care, social protection and the protection of children in difficult situations. For example, Costa Rica might indicate the numbers of children covered by the activities undertaken in the various areas.

95. Mgr. BAMBAREN GASTELUMENDI congratulated the Costa Rican delegation. However, according to the delegation's statements, there was a certain lack of synchronization among the government agencies in charge of planning, legislation, implementation, coordination and evaluation. The National Committee for the Rights of the Child, for example, had not prepared the basic elements for designing policies to meet the needs of children and adolescents. It was also disturbing to note that, according to the Office for the Defence of Children, the greatest violations of the rights of children were due to the State itself. Why was no evaluation being made in that area?

96. He welcomed the initiative of the First Lady of the country, which he hoped would vitalize the programmes. However, experience had shown that first ladies were often surrounded by people who were not very efficient and who even occasionally worked against children. It also appeared that contradictory statements had been made concerning the existence and action of the standing non-governmental organization committee. However, attention should be paid to providing coordination among the State authorities and the

different organizations working for children. In that connection it would be helpful for countries to have a legal instrument containing the provisions in force, so that the latter would remain in keeping with the requirements of the Convention.

97. There also appeared to be discrimination against girls in the school system, since the proportion of girls at the higher levels was very low.

98. It was also important for the provision concerning weekly visits by judges to penitentiaries to be respected.

99. He did not share Miss Mason's opinion on abortion. According to article 6 of the Convention, every child had the inherent right to life. The lives of children, especially the unborn - the most vulnerable - must be defended. He was also concerned to see that 11 per cent of the family planning methods used were based on surgical procedures. That involved discrimination against women, because those procedures affected women rather than men.

100. Finally, it was very important for public agencies always to take the best interests of the child into account and for States not to reduce social programmes.

101. Mr. RHENAN SEGURA (Costa Rica) expressed appreciation for the spirit in which the dialogue between the Committee and his delegation had taken place. He would inform the Costa Rican Government of the Committee's concerns. The dialogue had been valuable and constructive. He wished the Committee every success in the pursuit of its task.

102. The CHAIRPERSON thanked the Costa Rican delegation for its patience and its replies to questions that had at times been difficult. The consideration of the initial report of Costa Rica (CRC/C/Add.8) was therefore concluded.

The meeting rose at 1.15 p.m.